

Walk-In Hearing Request

THIS FORM MUST BE PRESENTED IN PERSON AT THE FOLLOWING OFFICES: **BOSTON, BROCKTON, SPRINGFIELD, AND WORCESTER.**



Registry of Motor Vehicles Driver Control



DATE: _____ TIME: _____ HEARING #: _____

Note: You are limited to one (1) hearing on a particular revocation/suspension, unless you were informed by the RMV to return with additional documents or return at a later date.

1. NAME: _____ 2. D.O.B.: _____

3. LICENSE #: _____ 4. STATE: _____

5. ADDRESS: _____

6. PRIOR ADDRESS: _____

7. TELEPHONE #: () _____

8. Have you appeared before the RMV for a hearing on this matter before? ☐ YES ☐ NO

If YES, why are you appearing again? _____

9. Have you appeared for a hearing at the Board of Appeals on this matter? ☐ YES ☐ NO

If YES, when? _____

I am formally applying for a hearing. I swear under the pains and penalties of perjury that the information in numbers 1-9 is true to the best of my knowledge.

Signature: _____

TYPE	ACTION

Hearings Officer: _____
